Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL060014 11/20/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 S CHURCH STREET **HUNTER VILLAGE HUNTERSVILLE, NC 28070** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This Report is of a Biennial Construction Survey done by Bob Getchell and Ed Miller on November 20, 2014. This Facility was first licensed or submitted for licensure on or about February 25, 1993 for Sixty-Eight (68) Residents. Therefore the facility must meet the 1992 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1991 North Carolina State Building Code (1993 Revision), Section 409.1 Group I- Unrestrained Occupancy. Deficiencies were noted which will require a new plan of correction. C 133 C 133 Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner because a grab bar is missing at the tub. This would effect all residents not able to use the grab bar by exposing them to falling hazards. Findings on 11/20/2014: The tub in the B Hall bathroom is missing a grab bar.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMPI	
		HAL060014	B. WING		11/2	0/2014
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1112	0/2014
	VILLAGE		JRCH STRE			
HONTEN	-		SVILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ige 1	C 189			
C 189	Building Equipment	t Maintained Safe, Operating	C 189			
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app This Rule is not med 1. Based on observe maintained in a safe	and all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing exception of Paragraph (e) ly to existing facilities.				
	if smoke and fire is smoke compartmen Findings on 11/20/2 a. The attic smoke was penetrated by	2014: barrier wall over the kitchen an open sleeve containing a				
	b. In the center sec	nas no sealant inside. Ition some of the smoke inprotected penetrations.				
	c. One of the fire ra	ated access doors was left				
		e water heater room off the cted penetrations by pipe.				
	e. A1/A3 shared ba coming loose from	th has a HVAC escutcheon the ceiling,				
	f. The dining room	ceiling has a gap next to the				

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heat detector,

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMP	LETED
		HAL060014	B. WING		11/2	0/2014
						<u></u>
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
HUNTER	VILLAGE		JRCH STRE			
		HUNTERS	VILLE, NC	28070		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
				,		
C 189	Continued From pa	ge 2	C 189			
	g, The business of has a penetration sealant. h. In the chemical descutcheon has slice the attic. I. Bedroom D-1 has the gypsum ceiling j. B Hall Linen Roo escutcheon with a general search of the sealant.	fice ceiling off private dining ealed with an unapproved closet the sprinkler down revealing an opening to an unprotected opening in where a leak has damaged it, m ceiling has a sprinkler gap next to it,				
	k. Room D10 has a	a gap over the door.				
		or in the ceiling of storage ng loose from the ceiling and ic.				
	m. The kitchen ceil penetrations by Ans	lling has unprotected sul piping				
	n. Room A7 ceiling detector where it is	has a gap at the heat coming loose.				
	conformance with the through penetration been tested in acco	openings are not in the requirement to use a fire stop system that has ordance with ASTM E-814.				
	not maintained in a that did not close co smoke and fire. Thi	vation, the facility doors were safe manner by having doors ompletely in order to contain s could affect all residents and ire is not contained in the fire om of origin.				

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Findings on 11/20/2014:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMP	COMPLETED	
		HAL060014	B. WING		11/2	0/2014	
NAME OF I			DDEGG OITY (OTATE ZID CODE			
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
HUNTER	VILLAGE		JRCH STRE				
		HUNTERS	SVILLE, NC	28070			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 3	C 189				
	a. The back leaf of doors was being he	the dining room corridor ld open by a chair.					
	b. Room B8 has a	loose door knob					
		vation, the building plumbing maintained in a safe manner					
		cuum breakers This could f waste water was siphoned er system.					
		the Beauty Shop sink can be e flood level in the sink and					
	building fire protecti maintained in a safe	vation and record review, the ion equipment was not e manner. This would effect quipment did not detect the fire alarm.					
	•	e014: s for the HVAC duct mounted ere dirty in the HVAC unit over					
		larm report indicated there duct smoke detectors.					
	guages need to be	sprinkler report indicated recalibrated and/or replaced. completed to keep the system					
	equipment was not	vation, the building electrical maintained in a safe manner. I residents by exposing them s.					

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	
		HAL060014	B. WING		11/2	0/2014
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HUNTER	VILLAGE	111 S CHU	JRCH STREI	ET		
HONTER			VILLE, NC	28070		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
	Findings on 11/20/2 a. Room B7 has an	2014: expansion block in use				
	b. The Mens Visitor power	Bathroom GFCI has no				
	c. The exterior GF0 missing the weather	CI at the smoking area is rproof cover				
	d. The exterior GF the weatherproof co	CI outlet at vending is missing over.				
		let between the vending conduit pulled out and may not				
C 195	Hot Water System		C 195			
	provide an adequat kitchen, bathrooms closets and soil utili temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C). (k) This Rule shall facilities with the ex	system shall be of such size to e supply of hot water to the , laundry, housekeeping ty room. The hot water xtures used by residents shall minimum of 100 degrees F shall not exceed 116 degrees				
	equipment was not	et as evidenced by: on, the building plumbing maintained in accordance s would effect all residents if				

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hot water is not provided per the Rule.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL060014	B. WING		11/2	0/2014
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
LUNTED	WILL ACE	111 S CH	URCH STREE	ĒΤ		
HUNIER	VILLAGE	HUNTER	SVILLE, NC 2	28070		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		D BE	(X5) COMPLETE DATE		
C 195	Continued From pa	ge 5	C 195			
	Findings on 11/20/2 The hot water teste					
C 199	199 Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per requirement does no before April 1, 1984 these specified spa (1) soiled linen stor (2) soil utility rooms (3) bathrooms and (4) housekeeping (5) laundry area.	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This tot apply to facilities licensed with natural ventilation in ces: rage; toilet rooms;				

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Findings on 11/20/2014:

The exhaust fans were not working in the following locations:

which shall not apply to existing facilities.

This Rule is not met as evidenced by: Based on observation, the building exhaust ventilation was not maintained in accordance with

- a. C2/C4 shared bath fan is not working
- b. B Hall Janitors Closet has no exhaust fan,

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this Rule.

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